



**Indiana**  
**Department**  
**of**  
**Health**

## INDIANA PATIENT REGISTRY TRAINING

INJURY

# Injury Screen

Demographics | **Injury** | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI | Outcome

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Injury » Mark As Completed

**⚠ Injury has not been submitted.**

### Injury Location

**Location Site:** - Location Site - \*  
**Favorite Location:** \*  
Postal Code \* Country United States \*  
City \* County \* State \* Lookup  
 Add to Favorite Locations

#### ICD 10 Location

Search \* LOOKUP  
Type keyword(s) or ICD-10 code #, i.e.:mobile home garage

### Other

**Supplemental Cause of Injury:** Not Applicable \*  
**Injury Description:**   
2000 Characters left

### Cause of injury

#### ICD-10 Primary E-Code

Search \* LOOKUP CLEAR  
Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \*  
**Trauma Type:** - Trauma Type - \*

+ Add

# Injury Screen – Injury Location

Demographics | **Injury** | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Injury »

⚠ Injury has not been submitted.

### Injury Location

**Location Site:** - Location Site - \*  
**Favorite Location:** \*  
Postal Code \* Country United States \*  
City \* County \* State \* **Lookup**  
 Add to Favorite Locations

**ICD 10 Location**  
Search \* **LOOKUP**  
Type keyword(s) or ICD-10 code #, i.e.:mobile home garage

### Other

**Supplemental Cause of Injury:** Not Applicable \*  
**Injury Description:** \*  
2000 Characters left

### Cause of injury

**ICD-10 Primary E-Code**  
Search \* **LOOKUP** **CLEAR**  
Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \*  
**Trauma Type:** - Trauma Type - \*

**+ Add**

# Injury Screen – Injury Location (2)

Demographics | **Injury** | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Injury »

**⚠ Injury has not been submitted.**

### Injury Location

**Location Site:** - Location Site - \*  
**Favorite Location:**   
**Postal Code:**  \* **Country:** United States \*  
**City:**  \* **County:**  \* **State:**  \* **Lookup**  
 Add to Favorite Locations

### ICD 10 Location

**Search** \* **LOOKUP**  
Type keyword(s) or ICD-10 code #, i.e.:mobile home garage

### Other

**Supplemental Cause of Injury:** Not Applicable \*  
**Injury Description:**   
2000 Characters left

### Cause of injury

#### ICD-10 Primary E-Code

**Search** \* **LOOKUP** **CLEAR**  
Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \*      **Trauma Type:** - Trauma Type - \*  
**+ Add**

# Injury Screen – Injury Location (3)

Demographics | **Injury** | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Injury »

**⚠ Injury has not been submitted.**

### Injury Location

**Location Site:** - Location Site - \*  
**Favorite Location:** \*  
**Postal Code:** \* **Country:** United States \*  
**City:** \* **County:** \* **State:** \* **Lookup**  
 Add to Favorite Locations

---

### ICD 10 Location

**Search** \* **LOOKUP**  
Type keyword(s) or ICD-10 code #, i.e.:mobile home garage

### Other

**Supplemental Cause of Injury:** Not Applicable \*  
**Injury Description:** \*  
2000 Characters left

### Cause of injury

---

### ICD-10 Primary E-Code

**Search** \* **LOOKUP** **CLEAR**  
Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \* **Trauma Type:** - Trauma Type - \*  
**+ Add**

# Injury Screen – Injury Location (4)

Demographics | **Injury** | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Injury »

**⚠ Injury has not been submitted.**

### Injury Location

Location Site:

Favorite Location:

Postal Code  \* Country  \*

City  \* County  \* State  \*

Add to Favorite Locations

---

### ICD 10 Location

\*

Type keyword(s) or ICD-10 code #, i.e.:V95.4

### Other

Supplemental Cause of Injury:

Injury Description:

2000 Characters left

### Cause of injury

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#### ICD-10 Primary E-Code

\*

Type keyword(s) or ICD-10 code #, i.e.:V95.4

Intentionality:  \*      Trauma Type:  \*

# Injury Screen – Lookup

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**Lookup**

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

State

County

City

Postal Code:

# Injury Screen – Lookup (2)

### Lookup

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

State:

County:

City:

Postal Code:

City	County	State ▲	Postal Code
Abbey Dell (Abydel)	Orange	IN	47469
Abington	Wayne	IN	47330
Abington (Township of)	Wayne	IN	47330
Acton	Marion	IN	46259
Adams	Decatur	IN	47240
Adams (Township of)	Decatur	IN	47240
Adams Lake	Lagrange	IN	46795
Adel	Owen	IN	47460
Advance	Boone	IN	46102
Akron	Fulton	IN	46910

# Injury Screen – Injury Location (5)

Demographics | **Injury** | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Injury »

**⚠ Injury has not been submitted.**

### Injury Location

**Location Site:** - Location Site - ▾ \*

**Favorite Location:** ▾

Postal Code:  \* Country: United States ▾ \*

City:  \* County:  \* State:  \* **Lookup**

Add to Favorite Locations

### ICD 10 Location

Search \* **LOOKUP**

Type keyword(s) or ICD-10 code #, i.e.:mobile home garage

### Other

**Supplemental Cause of Injury:** Not Applicable ▾

**Injury Description:**

2000 Characters left

### Cause of injury

#### ICD-10 Primary E-Code

Search \* **LOOKUP** **CLEAR**

Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - ▾ \*

**Trauma Type:** - Trauma Type - ▾ \*

**+ Add**

# Injury Screen – Other

### Injury Location

**Location Site:** - Location Site - \*  
**Favorite Location:** \*  
**Country:** United States \* **Postal Code:** \* [Postal Code Lookup](#)  
**City:** \* **County:** \* **State:** \*  
 Add to Favorite Locations

---

### ICD 10 Location

Search [LOOKUP](#)  
Type keyword(s) or ICD-10 code #, i.e.:mobile home garage

### Other

**Supplemental Cause of Injury:** Not Known \*  
**Injury Description:**   
2000 Characters left

# Injury Screen – Cause of Injury

### Cause of injury

**ICD-10 Primary E-Code**

Search  \* **LOOKUP** **CLEAR**

Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \* **Trauma Type:** - Trauma Type - \*

**+ Add**

Code	Description	Intentionality	Trauma Type
No Records			

### Abuse

**AbuseReport:** - AbuseReport - \*

**Investigation of physical abuse:** - Investigation of physical abuse - \*

**Caregiver at Discharge:** - Caregiver at Discharge - \*

### Barriers To Patient Care

**Barriers to Patient Care**

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Language
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> None	<input type="checkbox"/> Physically Restrained
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Unattended or Unsupervised (including minors)	<input type="checkbox"/> Unconscious
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Known	<input type="checkbox"/> Not Known/Not Recorded

[← Back](#) [Save](#) [Save and Continue](#)

# Injury Screen – E-Code Lookup

### Cause of injury

**ICD-10 Primary E-Code**

Search  \* **LOOKUP** **CLEAR**

Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \* **Trauma Type:** - Trauma Type - \*

**+ Add**

Code	Description	Intentionality	Trauma Type
No Records			

### Abuse

**AbuseReport:** - AbuseReport - \*

**Investigation of physical abuse:** - Investigation of physical abuse - \*

**Caregiver at Discharge:** - Caregiver at Discharge - \*

### Barriers To Patient Care

**Barriers to Patient Care**

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Language
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> None	<input type="checkbox"/> Physically Restrained
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Unattended or Unsupervised (including minors)	<input type="checkbox"/> Unconscious
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Known	<input type="checkbox"/> Not Known/Not Recorded

[← Back](#) [Save](#) [Save and Continue](#)

# Injury Screen – E-Code Lookup (2)

ICD injury

Category Search ICD 9 Conversion Advanced Search

(V00-Y99) External causes of morbidity

- (X50) Overexertion and strenuous or repetitive movements
- (V00-V09) Pedestrian injured in transport accident
- (V10-V19) Pedal cycle rider injured in transport accident
- (V20-V29) Motorcycle rider injured in transport accident
- (V30-V39) Occupant of three-wheeled motor vehicle injured in transport accident
- (V40-V49) Car occupant injured in transport accident
- (V50-V59) Occupant of pick-up truck or van injured in transport accident
- (V60-V69) Occupant of heavy transport vehicle injured in transport accident
- (V70-V79) Bus occupant injured in transport accident
- (V80-V89) Other land transport accidents
- (V90-V94) Water transport accidents
- (V95-V97) Air and space transport accidents
- (V98-V99) Other and unspecified transport accidents
- (W00-W19) Slipping, tripping, stumbling and falls
- (W20-W49) Exposure to inanimate mechanical forces
- (W50-W64) Exposure to animate mechanical forces
- (W65-W74) Accidental non-transport drowning and submersion
- (W85-W99) Exposure to electric current, radiation and extreme ambient air temperature and pressure
- (X00-X08) Exposure to smoke, fire and flames
- (Y10-Y10) Contact with heat and hot substances

Select Close

# Injury Screen – Cause of Injury (1)

### Cause of injury

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#### ICD-10 Primary E-Code

Search  \* LOOKUP CLEAR

Type keyword(s) or ICD-10 code #, i.e.:V95.4

**Intentionality:** - Intentionality - \* **Trauma Type:** - Trauma Type - \*

+ Add

Code	Description	Intentionality	Trauma Type
No Records			

#### Abuse

**AbuseReport:** - AbuseReport - \*

**Investigation of physical abuse:** - Investigation of physical abuse - \*

**Caregiver at Discharge:** - Caregiver at Discharge - \*

#### Barriers To Patient Care

**Barriers to Patient Care**

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Language
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> None	<input type="checkbox"/> Physically Restrained
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Unattended or Unsupervised (including minors)	<input type="checkbox"/> Unconscious
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Known	<input type="checkbox"/> Not Known/Not Recorded

← Back Save Save and Continue

# Injury Screen – Cause of Injury (2)

### Cause of injury

---

#### ICD-10 Primary E-Code

Search  \* LOOKUP CLEAR

Type keyword(s) or ICD-10 code #, i.e.:V95.4

Intentionality:  \*      Trauma Type:  \*

+ Add

Code	Description	Intentionality	Trauma Type
No Records			

### Abuse

AbuseReport:  \*

Investigation of physical abuse:  \*

Caregiver at Discharge:  \*

### Barriers To Patient Care

**Barriers to Patient Care**

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Language
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> None	<input type="checkbox"/> Physically Restrained
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Unattended or Unsupervised (including minors)	<input type="checkbox"/> Unconscious
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Known	<input type="checkbox"/> Not Known/Not Recorded

← Back      Save      Save and Continue

# Injury Screen – Abuse

**Abuse**

**AbuseReport:** - AbuseReport - \*

**Investigation of physical abuse:** - Investigation of physical abuse - \*

**Caregiver at Discharge:** - Caregiver at Discharge - \*

**Barriers To Patient Care**

**Barriers to Patient Care**

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Language
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> None	<input type="checkbox"/> Physically Restrained
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Unattended or Unsupervised (including minors)	<input type="checkbox"/> Unconscious
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Known	<input type="checkbox"/> Not Known/Not Recorded

[← Back](#) [Save](#) [Save and Continue](#)

# Injury Screen – Equipment

**Abuse**

**AbuseReport:** - AbuseReport - \*

**Investigation of physical abuse:** - Investigation of physical abuse - \*

**Caregiver at Discharge:** - Caregiver at Discharge - \*

**Barriers To Patient Care**

**Barriers to Patient Care**

<input type="checkbox"/> Developmentally Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Language
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> None	<input type="checkbox"/> Physically Restrained
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Unattended or Unsupervised (including minors)	<input type="checkbox"/> Unconscious
<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Known	<input type="checkbox"/> Not Known/Not Recorded

[← Back](#) [Save](#) [Save and Continue](#)

# Injury Screen – Save & Continue

## Cause of injury

### ICD-10 Primary E-Code

\*

Type keyword(s) or ICD-10 code #, i.e., V95 occupant space

Code	Description	Intentionality	Trauma Type	
V20.0	Motorcycle driver injured in collision with pedestrian or animal in nontraffic accident	Unintentional	Burn	<input type="button" value="X"/>

### Abuse

### Barriers To Patient Care

#### Barriers to Patient Care:

- Not Applicable
- Developmentally Impaired
- Hearing Impaired
- Language
- Physically Impaired
- None
- Physically Restrained
- Speech Impaired
- Unattended or Unsupervised (including minors)
- Unconscious
- Not Known
- Not Known/Not Recorded